## **Grant Review Committee Review Form**

| Grant Name: Comprehensive Health Care 2012  |   |
|---|---|
| Department Name/Number: Auditor's Office  |   |
| Department Contact: Janna Caponera  | Phone: <u>4638</u>                                |
| The Budget and Finance Department (BFO), in conjunction with the application and/or award as detailed above, and the application and  |   |
| ☐ <b>Recommended</b> . The GRC has reviewed this grant application a Commissioners Court.   | and/or award and recommends its approval to       |
| ☐ Not Recommended The GRC has reviewed this application and Commissioners Court.  | d/or award and does not recommend its approval to |
| □ No Recommendation The information provided by the request informed recommendation to Commissioners Court regarding this a   |   |
| Completed by:   |   |
| _Janna CaponeraAl GRC Chair/Designee Printed Name Date  | ugust 11, 2011                                    |
| Budget and Finance (BFO) Comments:  |   |
|   |   |
|   |   |
| ☐ Recommended ☐ Not Recommended   | ☐ No Recommendation                               |
| Comprehensive Healthcare Grant in the amount of \$21,639.0 No county match required. This grant pays a portion of nurse salary and fringe benefits. Fringe calculated at incorrect rate | e   |
| County Auditor Comments:   Recommended  | ☐ No Recommendation                               |
| Information Technology (IT) Comments:   |   |
|   |   |
|   |   |
| Recommended Not Recommended   | ☐ No Recommendation                               |

| Purchasing Co | omments.               |                   |                     |
|---------------|------------------------|-------------------|---------------------|
| Purchasing    | policies and procedure | es will apply.    |                     |
|               | ☐ Recommended          | □ Not Recommended | □ No Recommendation |
| Human Resou   | irces (HR) Comments:   |                   |                     |
|               |                        |                   |                     |
|               | ☐ Recommended          | ☐ Not Recommended | ☐ No Recommendation |
| <u>Totals</u> | <u>3:</u>              |                   |                     |
| 1             | Recommended            | 0 Not Recommended | 4 No Recommendation |